

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2377

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 13
DPD-0859-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$7,673.	72
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$7,673.72

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

(Sign original only)

Date 1/22/59 *Payee _____

(Indicate when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials) EL

\$7,673.72

Per _____

Title _____

Contract No. A-101 Date _____ Reg. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of _____)
Cash, \$ _____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given as well as the name of the individual person, as in "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

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THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

DATE

FORM STL - 660

WEEKLY DISTR

1/11/59

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Adj.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
99	01	08	9				10	25	3744				1	58	25	00	00	12501	3032	60		733
99	01	08	9				10	25	3744				1	58	25	00	00	12501	3032	60		138
																						1921
																						1921
																						5040
																						**
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THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

DATE _____

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	Mo.	Day	Yr.				Mo.	Day							Adj.	Int.	Sub.	Account	M.I.O.	S.O.	
99	01	08	9				10	25	3744				6	58	25	00	00	12501	3093	21	862 862 862
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No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
99	01	08	9				10	25	3744				6	56	25	00	00	12501	3093	47	9378 9378 9378*
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No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT	Class	Element	CODE	Obj.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order	
99	01	08	9				10	25	3744			1	58	25	00	00	12501	3093	62		610
																					610
																					610
																					610
																					*

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